



Academic Exemption Request Form

Please complete and fax or mail form to CSI:

Fax: 1 (866) 866-2660 (Canada & USA) or 416-359-0486

Address: 200 Wellington Street West, 15th Floor
Toronto, ON, M5V 3C7

PERSONAL INFORMATION *Mandatory Information***** (Please use CAPITAL letters.)

Student Number : Identity Verification: Birthdate (yyyy/mm/dd):

First Name: _____ Last Name: _____

Gender: Male Female Language preference for communication: English French

Have you been previously enrolled with CSI or ICB? Yes No If yes, what course (most recently)? _____

Your email address is required to provide confirmation and access to CSI tools and resources.

Preferred Email Address: _____ Alternate Email Address: _____

Home Telephone: Business Telephone:

Business Address

Job Title: _____ Employer: _____

Street Address: _____ Suite/Floor: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Home Address

Street Address: _____ Suite/Apt.: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

ACADEMIC EXEMPTION REQUEST INFORMATION

Please include:

- Administrative fee (\$100*)
- A legible and complete copy of your most recent transcript(s) of marks indicating successful completion of the course(s) within the last 10 years*
- Course content and evaluation details for assessment purposes (e.g. table of content or course syllabus).

*** 5-Year Rule:**

Academic Exemptions may be denied if a student is seeking an exemption for a *core course* within a path to a CSI certificate or designation if it does not meet the 5-year currency rule. Students looking for academic exemptions for certain *core courses* leading up to a CSI designation / certificate (taken either with CSI or a different institute) must ensure that the course(s) were completed less than 5 years prior to application. A "core course" is generally the highest level course within the designation or certificate course requirements. If you would like a list of courses for which the currency rule applies please email us at customer_support@csi.ca

Six weeks are required to process this request. Upon evaluation, a response will be forwarded to you.

Please indicate the program in which you are requesting your academic exemption(s):	Administrative Fee (Payable Now)	Fee Charged Per Academic Exemption - When Granted
<input type="radio"/> PFP <input type="radio"/> Trust <input type="radio"/> Other _____	\$100**	\$100**
<input type="radio"/> PBP	\$100**	\$250**

** (plus applicable taxes)

PAYMENT METHOD

All fees are in Canadian funds and can be paid by money order, certified or corporate cheque, Visa, MasterCard or Amex. Please make money orders, certified or corporate cheques payable to CSI Global Education. CSI cannot process forms received without payment information or proper payment.

Please include: Administrative Fee \$100.00 Plus Applicable Taxes* (This fee is non-refundable.)

*** NOTE: Please refer to https://www.csi.ca/student/en_ca/student/policies/fees.xhtml - Tax Information**

I am paying with a: Money Order Certified Cheque Corporate Cheque, in the amount of: \$ _____

Please charge my: Corporate Customer Account Number (Only if payer is employer) No: _____ \$ _____

I am paying with a credit card: Visa MasterCard Amex \$ _____

Card Number: _____ Expiry Date (Month/Year): _____

Name of card holder: _____ Signature: _____

Check if you are faxing this form. If you are faxing this form, you must pay by credit card. Do not mail this form to CSI if you are faxing it.

Doing so may result in you being charged twice.

IMPORTANT: As required by Payment Card Industry (PCI), CSI is unable to accept forms (with payment) received by email. Forms with payment information will be deleted immediately. Please fax or mail in your form to avoid delay.

PRIVACY POLICY

I have read CSI's *Policies and Guidelines* including the *Refund Policy*, *Privacy Policy* and *Student Code of Conduct* described on the website at www.csi.ca and agree to abide by the rules and regulations outlined in it.

CSI's privacy policy is designed to protect your personal information. This policy describes the personal information that CSI requires, how it will be used and under what circumstances it may be distributed to third parties. Very briefly, CSI needs to obtain certain information about you to enrol you in a course and to match your results to your academic file. Without it, we cannot accept you as a student as we wouldn't be able to create a student record for you. We will ask for information such as your name, address and credit card number. We will only ask for the information we need, we will keep it safe and we will not sell or distribute it to anyone else. We may share it with our suppliers to better serve you, to compile records or to report to the regulators. We will not give any information to your employer unless you complete the information release consent form, or breach CSI's *Student Code of Conduct*.

By signing below, I confirm that I understand and consent to the collection, use and disclosure of my personal information by CSI and I agree to abide by the CSI Student Code of Conduct.

Name: _____ Signature: _____ Date: _____

If you choose not to allow CSI to collect, use and disclose your personal information you will not be able to enrol in a course but may still have options open to you. Please call 1 (866) 866-2601 (Canada & USA) or 416-364-9130.

INFORMATION RELEASE CONSENT (Release of your information to employers or educational institute)

In addition to CSI's Privacy Policy above, I hereby consent to CSI disclosing to my current or future employer or educational institute my personal information as to: (i) my status with CSI and (ii) my performance in CSI courses. I acknowledge I may be eligible for preferred pricing rates negotiated between CSI and my employer and I understand that I must accept this agreement to receive such pricing. I further understand that CSI may contact my employer about my eligibility for discounted pricing rates. Further, I consent that from time to time I may be contacted by my employer or CSI for the purpose of (i) providing personal information to CSI to allow it to consolidate and calculate my compliance with regulators' education requirements of me, and (ii) disclosing such information to my employer to facilitate management of its compliance requirements with regulators. The consent provided herein may be revoked, in whole or in part, by me by providing CSI with ten (10) business days prior written notice delivered to 625, René-Lévesque Blvd West, Suite 400, Montreal (Quebec) H3B 1R2, CANADA, attention: *Customer Support*. By doing so, I acknowledge that I may continue to enrol in and subscribe for CSI's academic services but that (i) CSI's academic services will not be made available to me at a discount, and (ii) I will be responsible for paying the incremental fees applicable to private students.

By signing below I confirm that I have read and consent to the terms and conditions of this Information Release Consent.

Name: _____ Signature: _____ Date: _____

Employer: _____ Manager's Name: _____ Manager's Telephone: _____